FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Reporting Per (First)					ker or	Trading S	ymbol		Relation	iship of Rep	orting Perso	n(s) to Issue	r	
(First)			2. Issuer Name and Ticker or Trading Symbol HELIOS TECHNOLOGIES, INC. [HLIO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner				
1500 WEST UNIVERSITY PARKWAY			3. Date of Earliest Transaction (Month/Day/Year) 11/16/2020						X Officer (give title below) Other (specify below) Chief Financial Officer					
(Street) SARASOTA, FL 34243		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		any		Code (Instr. 8)				of (D)	(D) Beneficially Owned Reported Transaction		ollowing	Form:	Beneficial	
					le	V Amou	(A) or (D)	Price	(mstr. 3 ar	uisu. 3 diiu 4)		or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
	11/16/2020			S(1	7	30	, ,		52,106.2	2367		D		
Common Stock									5,709.787		I	I (2)	By 401(k) Plan Trust	
separate line fo	Table II - 1	Derivative Se	ecurit	ies Acq	Pe co th uired,	ersons wontained ne form d	ho respor in this for isplays a of, or Ben	m are curre eficial	e not requently valid	ired to res	spond unle	ss	1474 (9-02)	
Date	3A. Deemed Execution Da any	te, if Transaction Code		5. Number of Derivat Securit Acquire (A) or Dispose of (D) (Instr. 3	6 ar (I)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported	Ownersh Form of Derivati Security Direct (I or Indire	Beneficia Ownersh (Instr. 4)	
		Code	V	(A) (1 Title	Amount or e Number of Shares					
s	(Street) 4243 (State) separate line fo	(Street) 4243 (State) 2. Transaction Date (Month/Day/Year) 11/16/2020 separate line for each class of secur Table II - I 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year)	(Street) 4. If Amend 4243 (State) 2. Transaction Date Execution Dany (Month/Day/Year) 11/16/2020 Table II - Derivative Securities beneficial Execution Date (e.g., puts, call Month/Day/Year) 3. Transaction Date Execution Date (Month/Day/Year) 3. Transaction Date Execution Date, if Code	(Street) 4. If Amendment, 4243 (State) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 11/16/2020 Table II - Derivative Securit (e.g., puts, calls, w. any) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Transaction Code)	(Street) 4. If Amendment, Date O 4243 (State) 2. Transaction Date (Month/Day/Year) 2. 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Relationships

Chief Financial Officer

Other

Officer

10%

Owner

Director

Signatures

SARASOTA, FL 34243

Fulton Tricia L

Reporting Owner Name / Address

1500 WEST UNIVERSITY PARKWAY

Willard A. Blair, as Attorney-in-Fact for TRICIA L. FULTON	11/17/2020
-*-Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Sales were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 12, 2020.
- (2) Reflects allocations of shares under the Helios Technologies Inc. 401(k) Retirement Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.